

# 1999 Indiana Narcotic Treatment Program Report

## Overview of Indiana Narcotic Treatment Programs

In calendar year 1999, there were 13 methadone providers (Narcotic Treatment Programs) certified by the Division of Mental Health (DMH) in operation in Indiana. Of these thirteen providers two were not-for-profit programs and the other eleven providers were private, for-profit programs. Because addiction services programs operated by the federal government are exempt from state certification requirements the Veterans Administration program was not under DMH jurisdiction and no data from this program was requested, received, or included in this report.

During calendar year 1999 a **total of 4,529 patients** were enrolled in the 13 narcotic treatment programs. Each patient was treated with methadone or with levo-alpha-acetylmethadol hydrochloride (LAAM). Of these, 3,000 patients (66.24%) were in treatment continuously from their initial date of admission until December 31, 1999. An additional 187 patients (4.13%) transferred from one treatment program to another and thus also appear to have continued their treatment. Less than one-fourth (22.2%) of the patients statewide were in treatment 90 days or less, and almost one-third (33.0%) were in treatment between 90 days and one year. However, the length of time spent in treatment must be considered with the following three observations in mind: (1) the drop out rate and retention rate of patients; (2) the levels rehabilitation; and (3) the discussion about clients who were no longer on methadone (or LAAM).

There was an increase of 825 (22.3%) patients in 1999. It was interesting to see that even though the percentage of patients increased, the percentages in the various categories discussed above remained relatively constant. The table below provides a short comparison with the 1998 Report.

Chart 1

	1999	1999	1998	1998
Total # Of Patients	4,529		3,704	
Increase in # of patients compared to 1998	825		Baseline	
% Increase compared to 1998		22.3%		Baseline
# of patients continuously in treatment	3,000	66.24%	2,427	65.52%
# of patients who transferred between treatment centers	187	4.13%	185	4.95%
Patients in treatment 90 days or less	1,007	22.2%	904	24.4%
Patients in treatment between 90 days and 1 year	1,495	33.0%	1196	32.3%

The standing fees are about \$35.00 per week at the two public, not-for-profit programs and about \$70.00 per week at the private, for-profit programs. For the purpose of this report it was decided to determine the direct costs of treatment to the patients, the amounts that patients paid out-of-pocket. For 1999 this was an average payment of \$1,845.27 that each patient paid that year.

The nine Rehabilitation Indicators for a patient undergoing narcotic treatment, were established for the 1998 Report and retained for this year's report. This was to maintain the consistency of reported information from one year to the next. These indicators were formulated from those areas for which assessments are done at intake, things that are tested for during urine drug screens, and indicators reviewed to evaluate a patient's readiness for unsupervised "take-home" medication. In addition four levels of rehabilitation were assigned to each indicator. Since rehabilitation is an on-going process, the rates were designed to form a spectrum for each indicator, ranging from no reduction or improvement to significant reduction or improvement. The first six indicators showed that there was significant improvement for at least 33.4% of the patients and for two of them the rate was almost 50%.

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## Overview of Indiana Narcotic Treatment Programs Cont.

The last three indicators were long-term areas of rehabilitation. As such, the rates of improvement may be slower. Nevertheless, improved family relationships is the indicator with the highest percentage for moderate improvement (30.8%) and when combined with its significant rate of improvement (27.8%) the resultant 58.6% is in the range of rates for the first 6 indicators when combining their percentages for these two levels of improvement.

Methadone and LAAM are prescribed medications that are used in the treatment of heroin addiction. To answer the question of how many patients are addicted to methadone at the beginning of treatment, it would require programs to look at all the patients' initial drug screens to see if they tested positive for methadone/LAAM and were not already in treatment somewhere. Based on information supplied by treatment programs, this almost never happens. Therefore, the answer would be zero percent of 4,529 patients in 1999.

The patients who continued in treatment past December 31, 1999, as well as those that dropped out or transferred to another treatment program were, eliminated from any rehabilitation discussion. The question regarding the number of rehabilitated patients who were no longer on methadone set two parameters. The number of patients who: (1) Have been **rehabilitated and** (2) who are **no longer on methadone** (or LAAM). **81 patients statewide** successfully completed treatment, voluntarily withdrew and were no longer on methadone (or LAAM). In addition, **119 patients** statewide were involuntarily detoxed and **78 patients** did not complete treatment but also voluntarily withdrew and were no longer on methadone (or LAAM).

None of the thirteen narcotic treatment programs indicated that they had any waiting list in 1999. The treatment programs add to their staffs when patient loads indicate need and they extend treatment to all patients who present themselves. Thus, no waiting lists have existed for several years and none are anticipated in the near future.

Finally, the Division was asked to establish a central registry to receive patient information from the treatment programs and that the information provided would not reveal the specific identity of a patient. For the 1998 Report the Division established a unique identifier format from an existing database which was found to be suitable also for establishing the basis of a central registry. This accomplished three things. It enabled treatment centers to maintain their patient's anonymity. It provided a format that was compatible to that currently existing in the agencies of the two public treatment centers and within the division itself. Finally, it enabled the Division to easily identify if there were any multiple admissions, a patient being treated by more than one treatment program at the same time, within the state. The central registry continues to be maintained by the Division.

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# 1999 Indiana Narcotic Treatment Program Report

## I. The Number of Indiana Narcotic Treatment Programs

In calendar year 1999, there were 13 methadone providers (Narcotic Treatment Programs) certified by the Division of Mental Health in operation in Indiana.

Two of the thirteen are public, not-for-profit programs: **Edgewater Systems For Balanced Living, Inc.**, Gary and **Health & Hosp. Corp. of Marion Co., Indiana, dba Midtown Community Mental Health Center**, Indianapolis. The other eleven providers are all private, for-profit programs.

Six for-profit programs are under the same "ownership": **East Indiana Treatment Center, Inc.**, Lawrenceburg; **Evansville Treatment Center, Inc.**, Evansville; **Fort Wayne Treatment Center, Inc.**, Fort Wayne; **Indianapolis Treatment Center, Inc.**, Indianapolis; **Richmond Treatment Center, Inc.**, Richmond; and **Southern Indiana Treatment Center, Inc.**, Jeffersonville.

A complete listing below is in alphabetical order.

- |  |                       |
|--|-----------------------|
| 1. Center for Behavioral Health Indiana, Inc.  | Fort Wayne, 46805     |
| 2. Discovery House, Inc.   | Gary, 46408           |
| 3. East Indiana Treatment Center, Inc.   | Lawrenceburg, 47025   |
| 4. Edgewater Systems For Balanced Living, Inc. **  | Gary, 46402           |
| 5. Evansville Treatment Center, Inc.   | Evansville, 47710     |
| 6. Fort Wayne Treatment Center, Inc.   | Fort Wayne, 46804     |
| 7. Health & Hosp. Corp. of Marion Co., Indiana, dba Midtown CMHC **<br>(Midtown Narcotic Treatment Program)  | Indianapolis, 46204   |
| 8. Holliday Health Care, P.C.  | Gary, 46403           |
| 9. Indianapolis Treatment Center, Inc.   | Indianapolis, 46205   |
| 10. Metro Treatment of Gary, LP, dba Semoran Treatment Center  | Gary, 46403           |
| 11. Richmond Treatment Center, Inc.  | Richmond, 47374       |
| 12. Southern Indiana Treatment Center, Inc.  | Jeffersonville, 47130 |
| 13. Victory Clinical Services II, L.L.C. dba Victory Clinic<br>(** public clinics)   | South Bend, 46619     |
| 14. (Because addiction services programs operated by the federal government are exempt from state certification requirements the following treatment program is not under DMH jurisdiction. However, it is mentioned here so that the report lists <u>all</u> programs in operation in Indiana. No information from this program was requested or received.) |                       |

<b>Richard L. Roudebush Medical Center (Veterans Administration)</b>	Indianapolis, 46202
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The attached map on the next page will show the location and distribution of the treatment programs throughout Indiana.

**NOTE:** All the following data will pertain only to the 13 narcotic treatment programs that were certified by the Division of Mental Health.

# 1999 Indiana Narcotic Treatment Program Report

## II. The Number of Patients on Methadone (or LAAM)

During calendar year 1999 a **total of 4,529 patients** were enrolled in the 13 narcotic treatment programs. Of these, 3,000 patients (66.2%) were in treatment continuously from their initial enrollment until 12-31-99. An additional 187 (4.1%) transferred from one treatment program to another and thus also appear to have continued their treatment.

Not all patients were treated with methadone alone. Of the total number of patients above, 4,433 (97.88%), were treated only with methadone, 25 (.55%) were treated only with LAAM (levo-alpha-acetylmethadol hydrochloride) and 71 (1.57%) were treated by alternating between Methadone and LAAM. However, patients can easily switch between methadone or LAAM depending on their need, (in those programs approved to administer both) and our data will reflect all patients in treatment and not distinguish between those treated with methadone or LAAM.

Chart 2

Name of Narcotic Treatment Program		# of Patients	% of Total
1.	Center for Behavioral Health Indiana, Inc., Fort Wayne	186	4.1%
2.	Discovery House, Inc., Gary	184	4.05%
3.	East Indiana Treatment Center, Inc., Lawrenceburg	986	21.8%
4.	Edgewater Systems For Balanced Living, Inc., Gary **	316	7.0%
5.	Evansville Treatment Center, Inc., Evansville	305	6.7%
6.	Fort Wayne Treatment Center, Inc., Fort Wayne	35	0.8%
7.	H & H C of Marion Co., Indiana, dba Midtown CMHC, Indianapolis**	383	8.5%
8.	Holliday Health Care, P.C., Gary	4	0.1%
9.	Indianapolis Treatment Center, Inc., Indianapolis	780	17.2%
10.	Metro Treatment of Gary, LP, dba Semoran Treatment Center. Gary	116	2.6%
11.	Richmond Treatment Center, Inc., Richmond	370	8.2%
12.	Southern Indiana Treatment Center, Inc., Jeffersonville	708	15.6%
13.	Victory Clinical Services II, L.L.C. dba Victory Clinic, South Bend	156	3.4%
<b>Totals</b>		<b>4,529</b>	<b>100%</b>

(\*\* public clinics)

The two public clinics combined enrolled 699 patients (15.4%) which was a reduction of 60 patients (7.9%) from 1998 levels. The eleven for-profit clinics, combined, enrolled 3,830 (84.6%) patients of which the six clinics, under one "ownership", enrolled 3,184 (70.3%) patients.

Though there was an increase in the number of patients of each gender there was virtually no change in the percentages since 1998 in the two following statistics. In 1999 males enrolled increased by .17% and Indiana residents decreased by 1.6%.

Of the total number of patients, 2,863 (63.21%) were males and 1,666 (36.78%) were females.

2,759 patients (60.9%) lived in Indiana and 1,770 (39.1%) patients lived out of state. Further breakdown by states is as follows:

Chart 3

State	# Patients	% Patients	State	# Patients	% Patients
IN	2,759	60.9	IL	27	0.6
KY	1,021	22.5	WV	12	0.3
OH	677	14.9	TRANSFERS	1 PER STATE	
MI	30	0.7	CA, GA, TN	3	0

# 1999 Indiana Narcotic Treatment Program Report

## II The Number of Patients on Methadone (or LAAM) cont.

The following number of patients were of the ethnic groups represented in the table below:

**Chart 4**

<b>White</b>	<b>Black African /American</b>	<b>Hispanic/ Latino</b>	<b>Other</b>	<b>American Indian</b>	<b>Multi- racial</b>	<b>Asian / Pacific Islander</b>	<b>Alaskan Native</b>
3,773	660	78	9	5	2	1	1
83.3%	14.6%	1.7%	0.2%	0.1%	0.0%	0.0%	0.0%

The only ethnic group not reported individually in 1998 was the “Hispanic/Latino” category. The preexisting format, used so that this new database would interface with existing programming in the Division, was updated so that this category now appears in the 1999 report. As this ethnic group now comprises 1.7% of the total patients and there was a 1.3% decline from 1998 in the “Other” ethnic group, it seems safe to say that the Hispanic/Latino ethnic group was included in the “Black”, “White”, or “Other” categories in the 1998 report.

# **1999 Indiana Narcotic Treatment Program Report**

# 1999 Indiana Narcotic Treatment Program Report

## III. The Length of Time Patients Received Methadone (or LAAM)

During calendar year 1999 the 4,529 patients, in 13 narcotic treatment programs, were sorted into seven categories. As most patients have initial problems with commitment to and attendance at treatment programs, more categories were established during the first three years. Thus the following length-of-time categories were created: less than 90 days (<90); 90 days to 1 year (90-1y); over 1 year to 2 years (1-2y); over 2 years to 3 years (2-3y); over 3 years to 6 years (3-6y); over six years to 10 years (6-10y); and over 10 years (>10y).

Chart 5

PROGRAM	< 90	90-1y	1-2y	2-3y	3-6y	6-10y	> 10y	Tot. #
Center for Behavioral Health Indiana, Inc	55	73	42	14	1	0	1	186
Discovery House, Inc.	74	75	26	8	1	0	0	184
East Indiana Treatment Center, Inc.	234	379	170	83	120	0	0	986
Edgewater Systems For Balanced Living, Inc.**	38	69	58	26	60	65	0	316
Evansville Treatment Center, Inc.	68	86	69	28	52	1	1	305
Fort Wayne Treatment Center, Inc.	8	13	10	2	2	0	0	35
H & H C of Marion Co., Ind., dba Midtown CMHC**	55	87	76	47	49	39	30	383
Holliday Health Care, P.C.	0	0	0	0	0	1	3	4
Indianapolis Treatment Center, Inc.	114	254	138	88	152	31	3	780
Metro Treatment of Gary, LP dba Semoran Treatment Center	72	43	1	0	0	0	0	116
Richmond Treatment Center, Inc.	105	145	93	10	15	1	1	370
Southern Indiana Treatment Center, Inc.	157	226	106	61	136	21	1	708
Victory Clinical Services II, L.L.C. dba Victory Clinic	27	45	26	21	37	0	0	156
Statewide total per category	1,007	1,495	815	388	625	159	40	4,529
Statewide total percentages	22.2	33.0	18.0	8.6	13.8	3.5	.9	100

(\*\* public clinics)

From the above it is evident that almost one-fourth (22.2%) of the patients statewide were enrolled 90 days or less and almost one-third (33.0%) were in treatment between 90 days and one year. This means that over one-half (55.2%) of all patients statewide were in treatment less than one year and 73.2% were in treatment less than two years by the end of 1999. The median for length of time in treatment was between 91 days to 1 year. However, the length of time spent in treatment must be considered with the following three observations in mind: (1) the drop out rate and retention rate of patients, discussed at the end of this section on pages 8-11; (2) the levels of rehabilitation, discussed in Section V, pages 14-16; and, (3) the discussion about clients no longer on methadone (or LAAM) in Section VII, pages 18-20.

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## III. The Length of Time Patients Received Methadone (or LAAM) cont.

Of the 4,529 patients in treatment, 3,000 (66.2%) stayed in treatment all year, or continuously from their date of enrollment during the year.

The following chart shows the distribution of patients' length of time in treatment on a percentage basis for each treatment program.

Chart 6

PROGRAM	< 90	90-1y	1-2y	2-3y	3-6y	6-10y	> 10y
Center for Behavioral Health Indiana, Inc	29.6	39.2	22.6	7.50	0.5	0	0.5
Discovery House, Inc.	40.2	40.8	14.1	4.3	0.5	0	0
East Indiana Treatment Center, Inc.	23.7	38.4	17.2	8.4	12.2	0	0
Edgewater Systems For Balanced Living, Inc.**	12.0	21.8	18.4	8.2	19.0	20.6	0
Evansville Treatment Center, Inc.	22.3	28.2	22.6	9.2	17.0	0.3	0.3
Fort Wayne Treatment Center, Inc.	22.9	37.1	28.6	5.7	5.7	0	0
H & H C of Marion Co., Ind., dba Midtown CMHC**	14.4	22.7	19.8	12.3	12.8	10.2	7.8
Holliday Health Care, P.C.	0	0	0	0	0	25.0	75.0
Indianapolis Treatment Center, Inc.	14.6	32.6	17.7	11.3	19.5	4.0	0.4
Metro Treatment of Gary, LP, dba Semoran Treatment Center	62.1	37.1	0.9	0	0	0	0
Richmond Treatment Center, Inc.	28.4	39.2	25.1	2.7	4.1	0.3	0.3
Southern Indiana Treatment Center, Inc.	22.2	31.9	15.0	8.6	19.2	3.0	0.1
Victory Clinical Services II, L.L.C. dba Victory Clinic	17.3	28.8	16.7	13.5	23.7	0	0
Statewide total percentages	<b>22.2</b>	<b>33.0</b>	<b>18.0</b>	<b>8.6</b>	<b>13.8</b>	<b>3.5</b>	<b>0.9</b>

(\*\* public clinics)



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## III. The Length of Time Patients Received Methadone (or LAAM) cont.

One of the treatment programs was a newly opened in 1999. **Metro Treatment of Gary, LP, dba Semoran Treatment Center** opened in the spring, enrolling its first client March 30, 1999. As it was open for only a part of the year, this program has over 99% of its patients in treatment for less than one year.

Even the older and more established treatment programs have a large percentage of patients in treatment less than 2 years. This may be due in part to the high tendency towards recidivism, having personal problems, transportation problems or other hurdles to overcome. Also: (1) some short term patients attended more than one treatment center, had gaps in treatment, did not transfer, and thus were counted more than once during the year; and (2) a number of these short-term patients were at the same treatment program more than once during the year. However, the later were only counted once and their combined length of treatment appeared in one of the categories above.

This seems to be supported by the drop out rate data for patients, those who did not complete treatment and were not detoxed. A chart showing drop out rates per treatment center is below.

Chart 7

PROGRAM	Total # of patients	# of patients who dropped out	% of patients who dropped out
Center for Behavioral Health Indiana, Inc	186	61	32.8
Discovery House, Inc.	184	74	40.2
East Indiana Treatment Center, Inc.	986	195	19.8
Edgewater Systems For Balanced Living, Inc.**	316	37	11.7
Evansville Treatment Center, Inc.	305	69	22.6
Fort Wayne Treatment Center, Inc.	35	11	31.4
H & H C of Marion Co., Ind., dba Midtown CMHC**	383	56	14.6
Holliday Health Care, P.C.	4	0	0.0
Indianapolis Treatment Center, Inc.	780	178	22.8
Metro Treatment of Gary, LP, dba Semoran Treatment Center	116	44	37.9
Richmond Treatment Center, Inc.	370	119	32.2
Southern Indiana Treatment Center, Inc.	708	154	21.8
Victory Clinical Services II, L.L.C. dba Victory Clinic	156	26	16.7
Statewide total and percentage	<b>4,529</b>	<b>1,024</b>	<b>22.6</b>

(\*\* public clinics)

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## III. The Length of Time Patients Received Methadone (or LAAM) cont.

The chart below demonstrates the distribution of all patients who dropped out for each treatment center and compares them with the statewide totals.

Chart 8

PROGRAM NAMES	Length of time in treatment for patients who dropped out													
	< 90 days		90 – 1 y-		1 – 2 y		2 – 3 y		3 – 6 y		6-10 y		>10 y	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Center for Behavioral Health Indiana, Inc	36	59.0	22	36.1	3	4.9	0	0	0	0	0	0	0	0
Discovery House, Inc.	43	58.1	26	35.1	3	4.1	2	2.7	0	0	0	0	0	0
East Indiana Treatment Center, Inc.	78	40.0	86	44.1	21	10.8	5	2.6	5	2.6	0	0	0	0
Edgewater Systems For Balanced Living, Inc.**	16	43.2	15	40.5	3	8.1	1	2.7	2	5.4	0	0	0	0
Evansville Treatment Center, Inc.	23	33.3	28	40.6	13	18.8	3	4.3	2	2.9	0	0	0	0
Fort Wayne Treatment Center, Inc.	6	54.5	5	45.5	0	0	0	0	0	0	0	0	0	0
H & H C of Marion Co., Ind., dba Midtown CMHC**	20	35.7	20	35.7	10	17.9	3	5.4	0	0	1	1.8	2	3.6
Holliday Health Care, P.C.	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Indianapolis Treatment Center, Inc.	63	35.4	73	41.0	26	14.6	8	4.5	7	3.9	1	0.6	0	0
Metro Treatment of Gary, LP, dba Semoran Treatment Center	38	86.4	6	13.6	0	0	0	0	0	0	0	0	0	0
Richmond Treatment Center, Inc.	60	50.4	46	38.7	11	9.2	1	0.8	1	0.8	0	0	0	0
Southern Indiana Treatment Center, Inc.	75	48.7	57	37.0	10	6.5	6	3.9	6	3.9	0	0	0	0
Victory Clinical Services II, L.L.C. dba Victory Clinic	11	42.3	12	46.2	1	3.8	0	0	2	7.7	0	0	0	0
Statewide total number of patients per category	469		396		101		29		25		2		2	
Statewide percentage of patients per category		45.8		38.7		9.9		2.8		2.4		0.2		0.2

(\*\* public clinics)

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## III. The Length of Time Patients Received Methadone (or LAAM) cont.

The figures on Charts 7 and 8, when combined with 3,000 (66.2%) patients continuously in treatment, show that statewide, there was:

- (1) a retention in treatment rate of 66.2%;
- (2) a rate of discontinuance of treatment, for reasons other than dropping out of 11.2%;
- (3) a drop out rate of 22.6%; and
- (4) an 84.5% rate of those who dropped out doing so in less than one year, with over half of those (45.8%) being in treatment less than 90 days.

Despite an increase of 825 patients (22.3%) in 1999, when compared with the 1998 rates a similar pattern emerges.

**Chart 9**

	<b>1999</b>	<b>1998</b>
Retention in treatment rate	66.2%	65.5%
Discontinuance other than dropping out	11.2%	10.5%
Drop out rate	22.6%	24.0%
Percentage of dropouts in treatment less than one year	84.5%	86.2%
Percentage of dropouts in treatment less than 90 days	45.8%	53.0%

This again seems to support that patients have most of their problems during the first two years getting established in treatment, achieving stability and establishing a pathway towards rehabilitation.

# **1999 Indiana Narcotic Treatment Program Report**

# 1999 Indiana Narcotic Treatment Program Report

## IV. The Costs to Patients on Methadone (or LAAM)

During calendar year 1999 a **total of 4,529** patients, enrolled in 13 narcotic treatment programs, directly paid a total of \$8,357,247 for the periods of time that they were in treatment. This is an average payment of \$1,845.27 that each patient paid in 1999.

All patients in narcotic treatment in Indiana are charged for their treatment. The standing fees are about \$35.00 per week at the two public, not-for-profit programs and about \$70.00 per week at the private for-profit programs.

For the purpose of this report it was decided to determine the direct costs of treatment to the patients, the amounts that patients paid out-of-pocket. The costs shown by this data do not reflect what it costs the treatment programs to provide services. Neither do they include the subsidy amounts paid to the public clinics in order to provide services and to be able to charge patients on the basis of a sliding-fee scale.

The amounts paid by all patients per treatment program are outlined below.

**Table 1**

<u>Program</u>	<u># of Patients</u>	<u>Patients Paid Total</u>	<u>Average / patient</u>
1. Center for Behavioral Health Indiana, Inc.	186	\$ 200,858	\$ 1,079.88
2. Discovery House, Inc.	184	\$ 211,824	\$ 1,151.21
3. East Indiana Treatment Center, Inc.	986	\$2,083,638	\$ 2,113.22
4. Edgewater Systems For Balanced Living, Inc. **	316	\$ 172,957	\$ 547.33
5. Evansville Treatment Center, Inc.	305	\$ 691,439	\$ 2,267.01
6. Fort Wayne Treatment Center, Inc.	35	\$ 33,101	\$ 945.74
7. H & H C of Marion Co., Indiana, dba Midtown CMHC**	383	\$ 526,100	\$ 1,373.62
8. Holliday Health Care, P.C.	4	\$ 19,524	\$ 4,881.00
9. Indianapolis Treatment Center, Inc.	780	\$1,752,768	\$ 2,247.13
10. Metro Treatment of Gary, LP, dba Semoran T. C.	116	\$ 60,761	\$ 523.80
11. Richmond Treatment Center, Inc.	370	\$ 696,848	\$ 1,883.37
12. Southern Indiana Treatment Center, Inc.	708	\$1,663,762	\$ 2,349.94
13. Victory Clinical Services II, L.L.C. dba Victory Clinic	<u>156</u>	<u>\$ 243,667</u>	<u>\$ 1,561.96</u>
(** public clinics)			
Totals	4,529	\$8,357,247	\$1,845.27/ program

It has to be kept in mind that patient-paid amounts are dependent on attendance and/or number of dosing days. To put the average patient payments into perspective one must look at the average number of dosing days and the average dosing costs paid per patient at each program for the times they were dosed.

# 1999 Indiana Narcotic Treatment Program Report

## IV. The Costs to Patients on Methadone (or LAAM) cont.

One last factor to consider is the length of time that patients have been in treatment. The longer patients are in treatment, the greater the regularity of attendance and thus a greater dosing average per patient for the year.

**Table 2**

<u>Program</u>	<u># of Patients</u>	<u>Avg. # dosing days</u> per patient	<u>Avg paid / patient</u> per day
1. Center for Behavioral Health Indiana, Inc.	186	154.27	\$ 7.00
2. Discovery House, Inc.	184	163.09	\$ 7.06
3. East Indiana Treatment Center, Inc.	986	207.51	\$10.18
4. Edgewater Systems For Balanced Living, Inc. **	316	241.99	\$ 2.26
5. Evansville Treatment Center, Inc.	305	214.26	\$10.58
6. Fort Wayne Treatment Center, Inc.	35	154.49	\$ 6.12
7. H & H C of Marion Co., Indiana, dba Midtown CMHC**	383	211.28	\$ 6.50
8. Holliday Health Care, P.C.	4	323.75	\$15.08
9. Indianapolis Treatment Center, Inc.	780	216.65	\$ 10.37
10. Metro Treatment of Gary, LP, dba Semoran T. C.	116	65.97	\$ 7.94
11. Richmond Treatment Center, Inc.	370	176.99	\$10.64
12. Southern Indiana Treatment Center, Inc.	708	216.56	\$10.85
13. Victory Clinical Services II, L.L.C. dba Victory Clinic	156	226.66	\$ 6.89

(\*\* public clinics)

# **1999 Indiana Narcotic Treatment Program Report**

# 1999 Indiana Narcotic Treatment Program Report

## V. Rehabilitation Rate of Patients Undergoing Methadone (or LAAM) Treatment

As rehabilitation is a progression towards improvement through treatment it was necessary to establish a number of indicators by which improvement could be evaluated. Nine Rehabilitation Indicators for a patient undergoing narcotic treatment were established. These were formulated from those areas for which assessments are done at intake, things that are tested for during urine drug screens, and indicators reviewed to evaluate a patient's readiness for unsupervised "take-home" medication. They were defined as follow:

1. **Reduction in use of prescription opiates.**
2. **Reduction in illegal use of non-prescription opiates.**
3. **Reduction in illegal use of drugs other than opiates.**
4. **Reduction of criminal behavior.**
5. **Reduction of risky behavior related to spread of infectious disease.**
6. **Reduction in abuse of alcohol.**
7. **Improvement in schooling or training.**
8. **Improvement in employment.**
9. **Improvement in family relationships.**

Four levels of rehabilitation were assigned to each indicator. These were defined as follows:

(0 = **Not Applicable** (N/A), this indicator did not apply to patient's rehabilitation.)

1 = **No** improvement

2 = **Little** improvement

3 = **Moderate** improvement

4 = **Significant** improvement

All **4,529** enrolled patients who were in narcotic treatment at a program in 1999 were assigned a rehabilitation level of improvement for each indicator if it applied to that patient. The following chart shows the number of patients, statewide, to whom the indicator did not apply, was applicable, and the percentage of each based on the total of all patients enrolled.

**Chart 10**

Rehabilitation Indicators	Indicator's applicability				
	N/A		Applicable		
	# of patients	%	# of patients	% 1999	% 1998
<b>1. reduced use of prescription opiates</b>	876	19.1	<b>3,662</b>	<b>80.8</b>	82.8
<b>2. reduced illegal use of non-prescription opiates</b>	236	5.2	<b>4,293</b>	<b>94.7</b>	95.1
<b>3. reduced illegal use of drugs other than opiates</b>	346	7.6	<b>4,183</b>	<b>92.4</b>	91.7
<b>4. reduced criminal behavior</b>	690	15.2	<b>3,839</b>	<b>84.8</b>	75.4
<b>5. reduced risky behavior related to spread of infectious disease</b>	946	20.9	<b>3,583</b>	<b>79.1</b>	74.2
<b>6. reduced abuse of alcohol</b>	2,084	46.0	<b>2,445</b>	<b>54.0</b>	49.3
<b>7. improved schooling or training</b>	1,349	29.8	<b>3,180</b>	<b>70.3</b>	75.1
<b>8. improved employment</b>	644	14.2	<b>3,885</b>	<b>85.8</b>	84.3
<b>9 improved family relationships</b>	262	5.8	<b>4,267</b>	<b>94.2</b>	93.4



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## V. Rehabilitation Rate of Patients Undergoing Methadone (or LAAM) Treatment cont.

Chart 10 demonstrates that all nine rehabilitation indicators played a significant role in all patients' lives. Some interesting observations can be made based on these percentages. These are the same for both 1999 and 1998:

- The high involvement of prescription opiates, illegal non-prescription opiates, and illegal drugs other than opiates, suggests many patients are using more than one kind of drug at a time.
- The indicator with the lowest patient involvement was #6, reduction in the abuse of alcohol, though it still presented itself to over half (54.0% for 1999) of the patients.
- The indicator with the highest patient involvement (94.7% for 1999) was #2, reduction in the illegal use of non-prescription opiates.
- Many patients have been involved with the criminal justice system in some fashion, though the indicator has no breakdown on what kind of involvement or its severity.
- There appears to be a public health issue because of the significant risky behavior related to spread of infectious disease.
- The second highest impact indicator (94.24% for 1999) is the improvement in family relationships.

Chart 11 shows the levels of rehabilitation, levels of reduction or improvement, achieved by patients for each indicator. Since rehabilitation is an on-going process, the rates were designed to form a spectrum for each indicator, ranging from no reduction or improvement to significant reduction or improvement. The clinics were asked to look at whether an indicator was applicable to a patient at point of intake and then to assign a level of improvement to each patient at the point they terminated from the clinic or, if they continued in treatment, as of December 31, 1999. Thus these are snapshots, in time, of each patient's progress on the road to recovery.

Chart 11

Rehabilitation indicators	Number of patients	Rehabilitation level of reduction or improvement							
		1. (None)		2. (Little)		3. (Moderate)		4. (Significant)	
	Per indicator	#	%	#	%	#	%	#	%
1. reduced use of prescription opiates	3,662	494	13.5	484	13.2	860	23.5	1824	49.8
2. reduced illegal use of non-prescription opiates	4,293	654	15.2	652	15.2	908	21.2	2079	48.4
3. reduced illegal use of drugs other than opiates	4,183	856	20.5	809	19.3	888	21.2	1630	39.0
4. reduced criminal behavior	3,839	679	17.7	673	17.5	894	23.3	1593	41.5
5. reduced risky behavior related to spread of infectious disease	3,583	586	16.4	675	18.8	848	23.7	1474	41.1
6. reduced abuse of alcohol	2,445	531	21.7	493	20.2	604	24.7	817	33.4
7. improved schooling or training	3,180	1767	55.6	582	18.3	442	13.9	389	12.2
8. improved employment	3,885	1140	29.3	706	18.2	956	24.6	1083	27.9
9. improved family relationships	4,267	729	17.1	1040	24.4	1313	30.8	1185	27.8

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## **V. Rehabilitation Rate of Patients Undergoing Methadone (or LAAM) Treatment cont.**

The first six indicators showed that there was significant reduction for no less than 33.4% of the patients and for two of them the rate was almost 50%. When the moderate reduction rates are added to the significant rates, the range of rates jumps from no less than 58.1% to 73.3%. As almost two-thirds of the patients (66.2%) were in treatment continuously from their initial enrollment until December 31, 1999, it is reasonable to expect patients to move through this spectrum from no reduction towards significant reductions.

Indicators #7, #8, and #9 are long-term areas of rehabilitation. Improvements in training, schooling or employment take planning, successful execution of a plan and realization of a plan's goals. This process may take weeks, months or years. As such, the rates of improvement may be slower. Nevertheless, improved family relationships is the indicator with the highest percentage for moderate improvement (30.8%) and when combined with the significant rate of improvement (27.8%) the resultant 58.6% is within the range of rates for the first 6 indicators when combining percentages for these two levels of rehabilitation.

**Appendix A** compares the levels of rehabilitation, of those patients to whom the indicator applied, to the length of time in treatment. Most patients at the level of "no improvement" or "little improvement" were in treatment either less than 90 days or under one (1) year. Though there are a lot of patients that demonstrated moderate and significant improvement who also fall into the previous time categories, there is a significant increase in the number of patients who have been in treatment for over one (1) year. Even in the long-term rehabilitation indicators, #7, #8, and #9 there are increases in the number of patients attaining higher levels of rehabilitation the longer they have been in treatment. It appears that the longer a patient continues in treatment, the higher the level of rehabilitation is attained.

**Appendix B** breaks down each level of rehabilitation to show how many patients continued treatment, were discontinued from treatment or transferred to another treatment program. These show that patients who drop out of treatment do so primarily in less than one year and account for a high percentage of those patients attaining the lower two levels of rehabilitation, those with no or little improvement. The moderate and significant levels of rehabilitation are comprised of large percentages of patients continuing in treatment and in each level the number of patients in treatment for more than one year increases. Again it appears that higher levels of rehabilitation are attained over a period of time in continuous treatment.

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## VI. Number of Patients Addicted to Methadone

Methadone and LAAM are prescribed medications that are used in the treatment of heroin addiction. Methadone has been used as a treatment for heroin addiction since the 1960s. It is an orally effective, long-acting, synthetic opioid agonist. It operates by "occupying" the brain receptor sites that are affected by heroin and blocks the craving attendant to addiction. Because of methadone's long duration of action before withdrawal begins (usually 24 hours, at a dosing level specific to each patient's needs), it is relatively easy to maintain an addict on methadone without abrupt side effects. A more recently approved agent has been levo-alpha-acetylmethadol hydrochloride (LAAM) which will last even longer, up to three days.<sup>1</sup> Because of the stability that methadone and LAAM afford the patients they typically: decrease other drug use (many heroin users are polydrug users); as well as the use of alcohol; and involvement in illegal activity. Patients also increase work/education prospects or maintain their employment positions, and thus retain or increase financial stability; and improve family and other social relationships.

In order to answer this question at the beginning of treatment, it would require programs to look at all the patients' initial drug screens to see if they tested positive for methadone/LAAM and were not already in treatment somewhere. Based in information supplied by treatment programs, this almost never happens. Therefore, the answer would be zero percent of 4,529 patients in 1999.

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<sup>1</sup> OFFICE OF NATIONAL DRUG POLICY, POLICY PAPER, OPIOID AGONIST TREATMENT, March 1999

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## VII. Number of Rehabilitated Patients No Longer on Methadone (or LAAM)

Six reasons for a patient to discontinue treatment at a particular treatment program were established. These were defined as follow:

- Successfully** completed treatment and **voluntarily** detoxed.
- Did not** complete treatment and **involuntarily** detoxed (administrative detox).
- Did not** complete treatment and **voluntarily** detoxed.
- Did not** complete treatment and **was not** detoxed (dropped out).
- Transferred** to another treatment program.
- Death**, not methadone related.

In the two charts below all patients who did not discontinue treatment at a program in 1999 were categorized as (N/A) not applicable. Chart 12 shows the number of discontinued patients in each category per treatment program and Chart 13 shows the statewide totals and a comparison with 1998.

Chart 12

PROGRAM NAMES	Reasons for discontinuance of treatment.													
	N/A		a.		b.		c.		d.		e.		f.	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Center for Behavioral Health Indiana, Inc	101	54.3	4	2.2	1	0.5	6	3.2	61	32.8	9	4.8	4	2.2
Discovery House, Inc.	69	37.5	1	0.5	12	6.5	12	6.5	74	40.2	13	7.1	3	1.6
East Indiana Treatment Center, Inc.	743	75.4	7	0.7	4	0.4	19	1.9	195	19.8	15	1.5	3	0.3
Edgewater Systems For Balanced Living, Inc.**	204	64.6	11	3.5	42	13.3	6	1.9	37	11.7	11	3.5	5	1.6
Evansville Treatment Center, Inc.	207	67.9	5	1.6	5	1.6	2	0.7	69	22.6	12	3.9	5	1.6
Fort Wayne Treatment Center, Inc.	16	45.7	1	2.9	0	0	0	0	11	31.4	6	17.1	1	2.9
H & H C of Marion Co., Ind., dba Midtown CMHC**	249	65.0	14	3.7	24	6.3	11	2.9	56	14.6	28	7.3	1	0.3
Holliday Health Care, P.C.	3	75.0	1	25.0	0	0	0	0	0	0	0	0	0	0
Indianapolis Treatment Center, Inc.	550	70.5	18	2.3	1	0.1	2	0.3	178	22.8	25	3.2	6	0.8
Metro Treatment of Gary, LLP, dba Semoran T. C.	69	59.5	1	0.9	2	1.7	0	0	44	37.9	0	0	0	0
Richmond Treatment Center, Inc.	211	57.0	6	1.6	5	1.4	9	2.4	119	32.2	19	5.1	1	0.3
Southern Indiana Treatment Center, Inc.	480	67.8	9	1.3	15	2.1	11	1.6	154	21.8	33	4.7	6	0.8
Victory Clinical Serv. II, L.L.C. dba Victory Clinic	98	62.8	3	1.9	8	5.1	0	0	26	16.7	16	10.3	5	3.2
Total number of patients per category	3000		81		119		78		1024		187		40	
Percentage of patients per category		66.24		1.79		2.63		1.72		22.61		4.13		0.88

(\*\*public clinics)

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## VII. Number of Rehabilitated Patients No Longer on Methadone (or LAAM) cont.

Chart 13

Cat.	Reason for Discontinuance of Treatment	# 1999	% 1999	% 1998
N/A	Patient treatment was not discontinued by patient nor by program.	3,000	66.24	65.52
a.	Patient <b>successfully</b> completed treatment and <b>voluntarily</b> detoxed	81	1.79	1.57
b.	Patient <b>did not</b> complete treatment and <b>involuntarily</b> detoxed (administrative detox).	119	2.63	2.62
c.	Patient <b>did not</b> complete treatment and <b>voluntarily</b> detoxed.	78	1.72	1.30
d.	Patient <b>did not</b> complete treatment and <b>was not</b> detoxed (dropped out).	1,024	22.61	23.68
e.	Patient <b>transferred</b> to another treatment program.	187	4.13	4.99
f.	Patient <b>death</b> , not methadone related	40	0.88	0.32
Totals		4,529	100%	100%

This question of how many patients were rehabilitated and no longer on methadone (or LAAM) set two parameters. The number of patients who: (1) Have been **rehabilitated** and (2) who are **no longer on methadone** (or LAAM).

Two interpretations were made. First, patients who "have been rehabilitated" were those that had consciously made decisions about their leaving a treatment program and successfully completed a treatment program. Secondly, patients "no longer on methadone" were those that had voluntarily achieved a narcotic drug-free state. In the treatment programs under discussion, to achieve a narcotic drug-free state, patients usually go through detoxification treatment. This is defined as: the dispensing of a narcotic drug in decreasing doses to an individual, to alleviate adverse physiological or psychological effects incident to withdrawal from the continuous or sustained use of a narcotic drug, and as a method of bringing the individual to a narcotic drug-free state within a set period of time.<sup>2</sup>

Also, it was assumed that the narcotic treatment programs had the clinical knowledge and experience to define and determine who "successfully completed treatment" and to accurately report their findings. The patients who continued treatment (N/A category) as well as those that were in category (d), dropped out, and (e), transferred did not fulfill the requirements of the parameters and were eliminated from further discussion. Therefor, only the following categories will be shown and discussed below:

- Successfully** completed treatment and **voluntarily** detoxed.
- Did not** complete treatment and **involuntarily** detoxed (administrative detox).
- Did not** complete treatment and **voluntarily** detoxed.

Chart 14

Length of Time	Category (a)		Category (b)		Category (c)	
	#	%	#	%	#	%
<90 days	11	13.58	22	18.49	16	20.51
90 days -1year	31	38.27	50	42.02	35	44.87
1 – 2 years	18	22.22	19	15.97	16	20.51
2 – 3 years	7	8.64	12	10.08	3	3.85
3 – 6 years	11	13.58	10	8.40	7	8.98
6 – 10 years	2	2.47	5	4.20	0	0
> 10 years	1	1.24	1	.84	1	1.28
Totals	81	100%	119	100%	78	100%
1999 Total Patients						
4,529	81	1.79%	119	2.63%	78	1.72%
1998 Total Patients						
3,704	58	1.57%	97	2.62%	48	1.30%

<sup>2</sup> 21 CFR Part 291, Methadone; Rule, Proposed Rules and Notice, March 2, 1989, Sect. 291.505 (a) (1)

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## VII. Number of Rehabilitated Patients No Longer on Methadone (or LAAM) cont.

Category (a), is the only category that meets both the parameters of patients having successfully completed treatment and who are no longer on methadone (or LAAM). As shown above, **81 patients statewide** successfully completed treatment and voluntarily withdrew and were no longer on methadone (or LAAM). This converts to **1.79% of the total number of patients** enrolled in narcotic treatment statewide in 1999.

Category (b), administrative detox, were those patients who did not complete treatment because they had problems with conduct, following/adhering to their treatment plans, or paying the fees to the treatment program. **119 patients (2.63%)** statewide fit this category and were involuntarily detoxed. At the time of leaving the clinic they were at very low dosages if not completely off of methadone.

Category (c), voluntary detox, consists of those patients who decided to withdraw from methadone (or LAAM) use, usually against the advice of the treatment program's medical/clinical director. **78 patients (1.72%)** did not complete treatment but voluntarily withdrew and were no longer on methadone (or LAAM).

In comparing programs on Chart 12, containing data for all discontinuance reasons, it is interesting to note that, with a few exceptions, they follow the statewide percentages. The exceptions may be explained as follows:

1. Generally all programs have the same rise and fall in percentages when reading the scale from left to right.
2. The long-term, maintenance treatment of the Holliday program's patients has created a unique niche that is reflected in the 25% of its patients in treatment for 6-10 years and 75% over ten years.
3. The higher than normal administrative detox percentages of the two public clinics may be due to their patients' generally lower economic status along with their having greater numbers of personal and transportation problems or other hurdles to overcome.

In reviewing Charts 13 and 14 above, it is interesting to see the close similarity in the percentages for the first five categories in 1998 and 1999.

One reason not anticipated in 1998, which presented itself through the survey forms submitted, was a patient who died (of causes not connected with narcotic treatment). Less than 12 (0.3%) instances of this were found and in 1998 they were included in the data of reason (d), dropped out. In 1999 we established a separate category for this and found 40 (0.88%) clients fit this category. The 0.56 higher percentage of deaths in Chart 14 may be the result of establishing this separate category, thus leading to a more accurate count. In 1998 and in 1999 there was no death reported in Indiana that was connected to this form of narcotic treatment.

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## VIII. Number of Individuals on a Waiting List

None of the thirteen narcotic treatment programs indicated that they had any waiting list in 1999. The treatment programs add to their staffs when patient loads indicate need and they extend treatment to all patients who present themselves. Thus, no waiting lists have existed for several years nor are any anticipated in the near future.

In the past three years, whenever a large enough number of patients, from the same geographic area and travelling long distances, had enrolled in existing treatment programs, new treatment programs were established in that area. The establishment of the two Fort Wayne programs and the one in Richmond were a result of this type of activity. Even with the 1999 establishment of a fourth clinic in Gary, this area showed an increase in the number of enrolled patients.

**Table 3**

	<u>1998</u>	<u>1999</u>
Fort Wayne	175	221
Richmond	298	370
Gary	465	620

The expansion of services seems to have had the following results. Services were made more accessible to those patients already in treatment, enabling them to more easily continue treatment. This accessibility also has resulted in increased enrollments from those cities as well as the surrounding areas.

# 1999 Indiana Narcotic Treatment Program Report

## **IX. Patient Information as Reported to a Central Registry**

In 1999 the Division of Mental Health was given the responsibility of requesting that patient information be reported by the narcotic treatment programs which would be the foundation of this report. Furthermore, the Division was asked to establish a central registry to receive patient information from the treatment programs and that the information provided would not reveal the specific identity of a patient.

It was decided that the unique identifier format in an existing database, used by all the Managed Care Providers in the state, would be suitable for this purpose. This accomplished three things. It enabled treatment centers to maintain their patient's anonymity. It provided a format that was compatible to that currently existing in the agencies of the two public treatment programs and within the Division itself. Finally, it enabled the Division to identify easily if there were any multiple admissions, a patient being treated by more than one treatment program at the same time within the state.

Once the unique identifier was defined a patient information form was designed that could be the basis for not only providing the information required for this report, but could also easily be adapted for providing on-going patient enrollment information to a central registry.

All patients enrolled in a narcotic treatment program during calendar years 1998 and 1999 were assigned unique identifiers. Using them, information was submitted by each treatment program, and now these are the basis for an ongoing central registry maintained by the Division.

In 1998, each treatment program reported information by filling out each Patient Information Form by hand. In 1999, the Division streamlined this process by starting to automate the reporting process. Eight out of thirteen treatment programs had the requisite data processing programs. These were supplied discs containing electronic forms. When filled out, the discs were sent to the Division and were then transferred into our database. This enabled each treatment program to have an internal, electronic copy of its database. This may easily be updated and can be submitted the following year. As other treatment programs acquire the data processing program, this reporting process will be extended to them.

A central registry continues to be maintained by the Division. Because of the Federal confidentiality requirements of 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, all reported patient identifying information is confidential. Any person wanting to do research based upon information contained in this registry may obtain access through a qualified service agreement with the Division.

# 1999 Indiana Narcotic Treatment Program Report

## Appendix B

The following charts show the distribution of patients in comparison to lengths of time in treatment for each level of rehabilitation, for all patients to whom the indicator applied. Seven categories for patients were established. These were defined as follow:

0. Patient who **continued treatment**.
- a. Patient who **successfully** completed treatment and **voluntarily detoxed**.
- b. Patient who **did not complete** treatment and **involuntarily detoxed** (administrative detox).
- c. Patient who **did not complete** treatment and **voluntarily detoxed**.
- d. Patient who **did not complete** treatment and **was not detoxed** (dropped out).
- e. Patient who **transferred** to another treatment program.
- f. Patient **death**, not methadone related.

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